

# CSAP

September 1996

## Substance Abuse Resource Guide

### Violence

Office of Minority Health  
Resource Center  
PO Box 37337  
Washington, DC 20013-7337

#### From the Director of CSAP...

Alcohol and drugs are associated with up to 50 percent of spousal abuse cases, 68 percent of manslaughter charges, and 52 percent of rapes. Those using substances are more likely than others to be involved as both assailants and victims in criminal acts. Obviously, substance abuse and violence are related problems in today's society.

This Substance Abuse Resource Guide provides information and referrals that will greatly assist professionals in the prevention, criminal justice, policymaking, and education fields. I hope that the materials and resources in this guide will help us put an end to the problem of violence in this country.

Flaine M. Johnson, Ph.D.



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**SAMHSA**

Center for Substance Abuse Prevention

Prevention **WORKS!**



The listing of materials or programs in this resource guide does not constitute or imply endorsement by the Center for Substance Abuse Prevention, the Public Health Service, or the Department of Health and Human Services. The materials have been reviewed for accuracy, appropriateness, and conformance with public health principles.

This Substance Abuse Resource Guide was compiled from a variety of publications and data bases and represents the most current information to date. It is not an all-inclusive listing of materials on this topic. This guide will be updated regularly, and your comments or suggestions are welcome. To suggest information or materials that might be included in future editions, please write to the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345.

Produced by the National Clearinghouse for Alcohol and Drug Information, Development Services Group, Inc., and the Center for Substance Abuse Prevention; Andrea B. Miller, Marcia Cohen, and Deborah M. Galvin, editors.

For further information on alcohol, tobacco, and other drugs, call 1-800-729-6686, 301-468-2600, or TDD 1-800-487-4889.



**Please feel free to be a "copy cat," and make all the copies you want. You have our permission!**

# Prevention Materials

## What Everyone Should Know About Preventing School Violence

Organization: Channing L. Bete Co., Inc.  
 Year: 1994  
 Format: Booklet  
 Length: 15 pages  
 Topic: Violence Prevention  
 Target Audience: Jr. and Sr. High School Youth  
 Availability: Channing L. Bete Co., Inc., 200 State Road, South Deerfield, MA 01373; 800-628-7733. (\$\$)

School violence is on the rise; helping prevent violence is everyone's responsibility. This booklet explores ways to stop the cycle of violence and six methods to resolve conflict peacefully.

## Facts on Alcohol, Drugs and Domestic Violence

Organization: New Jersey Alcohol/Drug Resource Center and Clearinghouse  
 Year: 1992  
 Format: Fact Sheet  
 Length: 2 pages  
 Topic: Domestic Violence and ATOD Use Prevention  
 Target Audience: Prevention Professionals, Health Professionals, High-Risk Families.  
 Availability: New Jersey Alcohol/Drug Resource Center and Clearinghouse, Center for Alcohol Studies, Rutgers University, Piscataway, NJ 08855-0969; 908-445-4442. (\$\$)

This fact sheet provides statistics and other information on the correlation between domestic violence and addiction. It gives pointers for health professionals to consider before intervening. Lists of suggestions for abusers and battered persons are included.

## Getting Along At Home

Organization: Channing L. Bete Company, Inc.  
 Year: 1993  
 Format: Booklet  
 Length: 15 pages  
 Topic: Violence Prevention  
 Target Audience: Parents and High-School Youth  
 Availability: Channing L. Bete Company, 200 State Road, South Deerfield, MA 01373; 800-628-7733. (\$\$)

When family conflict arises, strategies for better listening, communicating, expressing feelings, and handling stress can be helpful. This booklet for family members discusses these approaches to dealing with family conflict.

## About Juvenile Violence and Its Prevention

Organization: The Bureau for At-Risk Youth  
 Year: 1992  
 Format: Booklet  
 Length: 15 pages  
 Topic: Violence and ATOD Use Prevention  
 Target Audience: Parents of children ages 12-21  
 Availability: The Bureau for At-Risk Youth, 645 New York Avenue, Huntington, NY 11743; 800-99-YOUTH or 800-999-6884. (\$\$)

Juvenile violence and its roots, such as family, society, stress, poor self-esteem, and the peer group are described as well as what parents and schools can do to prevent violence. The booklet also examines the connection between violence and substance abuse and where to go for help.

## **McGruff Says — With a Healthy, Drug-Free Body, You Will Have...**

Organization: National Crime Prevention Council  
Year: 1992  
Format: Poster  
Topic: ATOD Use and Violence Prevention  
Target Audience: Elementary School Youth  
Availability: National Crime Prevention Council Fulfillment Center, P.O. Box 1, 100 Church Street, Amsterdam, NY 12010; 800-NCPC-911. (\$\$)

**T**his poster pictures McGruff, the crime dog, with arrows pointing at different parts of the dog's body to depict how a body functions properly when free from drugs. For example, a drug-free body results in a healthy heart that cares, a bright and healthy smile to make friends, and a confident mouth to say no to drugs and violence. Available also in Spanish.

## **Stop the Violence, Start Something**

Organization: National Crime Prevention Council  
Year: 1992  
Format: Booklet  
Length: 12 pages  
Topic: Violence and ATOD Use Prevention  
Target Audience: Community Service Groups and General Public  
Availability: National Crime Prevention Council Fulfillment Center, P.O. Box 1, 100 Church Street, Amsterdam, NY 12010; 800-NCPC-911. (\$\$)

**C**itizens, take action! There are many ways ordinary people can help eliminate violence in their communities. This booklet will provide information about personal safety and what to teach children, as well as suggestions for neighborhood action and a list of helpful resources.

## **Getting Along: Solving Conflicts without Fighting**

Organization: Life Skills Education  
Year: 1995  
Format: Booklet  
Length: 13 pages  
Topic: Violence Prevention  
Target Audience: Adolescents, Parents, General Public  
Availability: Life Skills Education, 314 Washington Street, Northfield, MN 55057; 800-783-6743. (\$\$)

**Y**outh will learn about the values of "win-win" conflict resolution and effective alternatives to fighting or fleeing an upsetting situation. This booklet teaches valuable skills to prevent violent responses in school, neighborhood, and family settings.

## **Working Together to Stop the Violence: A Blueprint for Safer Communities. Crime Prevention Month**

Organization: National Crime Prevention Council  
Year: updated annually  
Format: Communications Package  
Length: 32 pages plus 25 reproducible pages  
Topic: ATOD Use and Crime Prevention  
Target Audience: Community Service Groups and Media Representatives  
Availability: National Crime Prevention Council Fulfillment Center, P.O. Box 1, 100 Church Street, Amsterdam, NY 12010; 800-NCPC-911. (\$\$)

**T**his comprehensive package is for communities preparing for National Crime Prevention Month. It includes sample materials, such as press releases, tips about working with volunteers, and 25 reproducible items. Brochure titles include "Turn Off the Violence" and "Alcohol Is Number One."

**Best Practices in Prevention:  
For the Benefit of All Children.  
A Curriculum on Alcohol,  
Tobacco, and Other Drugs and  
Violence. Violence Prevention  
Component (Teachers' Guide)**

Organization: Project Oz

Year: 1994

Format: Classroom Material

Length: 244 pages

Context: Part of a Curriculum Series

Topic: Alcohol and Other Drug Use and  
Violence Prevention

Target Audience: Violence and ATOD Use  
Prevention

Availability: Project Oz, 502 S. Morris Avenue,  
Bloomington, IL 61701; 309-827-0377. (\$\$)

This curriculum is based on building self-esteem and enhancing communication and coping skills. It teaches sixth and seventh grade students why violence exists and what they can do to end it. This component of a three-part curriculum contains sections on coping with anger, future goals, alternatives to weapon use, self-protection, gangs, appreciating diversity, and boundaries. Each section contains guided notes, an outline, definition of the terms, and activities with corresponding teachers' notes.

**Right Turns Only! Problem  
Solving and How to Deal with  
Rough Times**

Organization: Prince George's County Public Schools, MD

Year: 1993

Format: VHS Video

Length: 21 minutes

Context: Sixth of a seven-part video curriculum

Topic: Violence and ATOD Use Prevention

Target Audience: Jr. High Youth

Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (\$\$)

In this video, students riding with a police officer learn the connection between

drugs and violence. A fight at school demonstrates positive resolution of conflict. The dangers of inhalants and how to respond in an emergency situation are also introduced. (Guides for teachers, students, and families are included.)

**Making the Link: Violence and  
Crime and Alcohol and Other  
Drugs**

**Making the Link: Domestic  
Violence and Alcohol and  
Other Drugs**

Organization: Center for Substance Abuse  
Prevention

Year: 1994

Format: Fact Sheets

Length: Two Pages Each

Topic: Violence and AOD Abuse Prevention

Target Audience: General Public

Inventory Number: ML002, ML001

Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

What are the links between substance abuse and violence? The need for preventing alcohol and other drug problems is clear when examining the statistics provided on these fact sheets. For example, "alcohol is a key factor in up to 68 percent of manslaughters," and "alcohol is present in more than 50 percent of all incidents of domestic violence." Statistics and possible explanations for the link between violence and substance abuse are provided.



# Studies, Articles, & Reports

## **Violence, Alcohol and Other Drugs**

### **The Dimensions of an Epidemic of Violence**

*Mason, J.O.*

*Public Health Reports: Journal of the U.S. Public Health Service Jan/Feb 1993. pp. 1-3*

This editorial is an adaptation of a keynote address made by the author and various government officials at a conference on violence. It focuses on the spectrum of violent behavior and crime in the United States, including murder, robbery, gang-related crime, and domestic violence. Twenty-five to 50 percent of homeless families are headed by women who left home to escape domestic violence. Half of the women murdered in the U.S. are killed by current or former partners. Women also are violent in the home, but do not do as much damage as men. In one recent study, nearly 1 million children a year experienced demonstrable harm as a result of abuse or neglect. Theories on violence include a personality disorder that is innate in certain individuals. Others see a trigger between domestic violence and alcohol and other drug abuse. Prevention and intervention programs focusing on strengthening individuals, homes, and families are discussed. The need to bring conflict resolution curricula into the schools also is addressed.

### **Substance Abuse, Aggression, and Violence: What are the Connections?**

*Moss, H. B.; Tarter, R. E.*

*American Journal on Addictions 2(2):149-160, 1993*

The authors review the scientific literature linking the use of specific psychoactive substances with aggressive and violent behavior. In general, the effects of alcohol and other drugs on aggression and violence are influenced through the complex interaction of (1) the particular pharmacological effects and dose of the specific drug; (2) the psychological and biological characteristics of substance-using individuals; and (3) the situational context in which the drug use occurs. Furthermore, a model is advanced that delineates the relationship between individual dispositional factors promoting aggression and the resultant occurrence of violent behavior. The authors conclude that the multifactorial nature of this problem emphasizes the need for multimodal strategies of intervention and prevention to reduce the societal impact of violence involving alcohol and other drugs.

### **Perspectives on Violence and Substance Use in Rural America**

*Blaser, S.M.; Blaser, J.; Pantoja, K. (Eds.)*

Midwest Regional Center for Drug-Free Schools and Communities, 1995. 124 p. (Available from Publications Department, North Central Regional Educational Laboratory, 1900 Spring Road, Suite 300, Oak Brook, IL 60521; Fax 708-571-4716. Order number P94-001-PVS)

Violence and substance use in rural America are explored, including the relationship between the two, the factors contributing to these problems, and the most effective approaches to prevention and intervention. Overcoming misconceptions about rural areas is necessarily the first step toward developing effective approaches to prevention and intervention for rural communities. Youth gangs have begun to appear in



many rural schools and communities. The diversity of rural communities requires a community development approach to prevention and intervention rather than an individual or psychological approach.

## **Encyclopedia of Violence: Origins, Attitudes, Consequences**

*DiCanio, M.*

1993, 404 p.

(Available from Facts On File, Inc., 460 Park Avenue, South, New York, NY 10016)

The high incidence of violence and crime is discussed, including street and domestic violence and crime, as well as the related areas of corporate or white collar crime and organized crime. Statistical evidence and the unquantifiable sociocultural and psychological roots of violence are described. Responses to it by the health, law enforcement, judicial, and prison systems are summarized. There are considerations of the drug trade, hate crimes, child abuse, campus violence, the availability of guns, the possible existence of a criminal mind, police and prosecutorial procedures, and crime statistics. An up-to-date catalog also is provided, with addresses and phone numbers of public and private agencies and volunteer groups providing legal aid, drug counseling, and assistance for victims of street crime or domestic violence, as well as those involved in research and advocacy on public policy issues.

## **National Forum on Preventing Crime and Violence**

National Crime Prevention Council, Washington, DC: 28 April - 1 May, 1993. 31 p.

The key to effective crime prevention is cooperation and coordination within the criminal justice system\*\* and the social, economic, and environmental aspects of the community. Prevention as a cornerstone of policy can reduce the burden on the criminal justice system. At the National Forum on Preventing Crime and

Violence, sessions were presented on engaging and educating youth in crime prevention, senior citizens as valuable resources, working with young minority males, promising approaches in a culturally diverse America, crime issues unique to women, restoring community justice to help the community and victims, rural crime prevention, crime prevention for persons with disabilities, emerging issues for public service advertising, building community and police partnerships, creating business partnerships, creating partnerships for safe, secure schools, making public places safer, using prevention strategies for safer public housing, preventing violence through handgun safety education, bringing together State and community partners, managing conflict, media violence prevention, a citywide planning process to affect policy and action, and mobilizing for effective neighborhood action.

## **Cross-Cultural Counseling with the Chemically Dependent: Preparing for Service Delivery within a Culture of Violence**

*Wallace, B.C.*

*Journal of Psychoactive Drugs* 25(1):9-20, 1993

This article prepares the clinician delivering chemical dependency treatment for more effective work in therapeutic dyads where there are racial, ethnic, or other differences between client and therapist. The objective is to prepare clinicians for service delivery within the present culture of violence and for the receipt of additional training in cross-cultural counseling and trauma-resolution psychotherapy. Social learning and unconscious processes are reviewed to explain how this culture of violence operates and impacts treatment. The way in which chemically dependent clients of color—especially African Americans, Native Americans, and Latinos—have been impacted by both personal and cultural trauma is illustrated by a case



example. The resolution of clients' personal trauma by properly trained clinicians is presented as relapse prevention and the clients' best defense against becoming a victim of violence and racism. The article ends with a brief description of the recommended clinical technique for this kind of work, and a statement of needed research.

### **What Emergency Room Studies Reveal about Alcohol Involvement in Violence-Related Injuries**

*Cherpitel, C. J.*

*Alcohol Health & Research World 17(2):162-166, 1993*

Representative emergency room studies provide the best evidence linking alcohol use with violent injuries. The available data on alcohol's association with violent injuries are reviewed, with emphasis on findings from emergency room studies. Problems inherent in the study methods and in interpretation of results are explored.

### **Alcohol and Interpersonal Violence: Fostering Multidisciplinary Perspectives. NIAAA Research Monograph No. 24**

*Martin, S. E. (Ed.)*

National Institute on Alcohol Abuse and Alcoholism (NIAAA), Bethesda, MD: NIAAA, 1993. 323 p.

(Available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686; Inventory Number BK210)

Alcohol is present in a significant proportion of aggressive and violent events. Criminological research and public health perspectives are brought together to elucidate the problem of alcohol-related violence. There is a focus on cognitive processes as the link among pharmacological, personality, and cultural factors affecting post-drinking be-

havior. Communication among intoxicated individuals, potential targets of aggression, and bystanders or witnesses are discussed. The effect of alcohol on information processing is explored, particularly during the initial phases of social interactions, when they may stimulate or defuse potential violence. Conceptual and methodological issues across the disciplinary domains and types of violence are addressed. The perspectives, methodologies, and findings of four academic disciplines—biology, psychology, sociology, and economics—are reviewed. Specific types of alcohol-related violence are examined, namely spouse abuse, child abuse, and violence perpetrated by persons with co-occurring drug and mental disorders.

### **Epidemiology of Alcohol-Related Violence**

*Collins, J., Messerschmidt, P.*

*Alcohol, Health and Research World 17(2): 93-107, 1993*

(Available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. Inventory Number BL0080.)

Various types of interpersonal violence involve alcohol consumption by the offender, the victim, or both. Although the relationship between alcohol and violence is complex, its study is important to achieving a general understanding of violence as well as alcohol-related behavior.

### **Violent Crime: The Role of Alcohol and New Approaches to the Prevention of Injury**

*Shepherd, J.*

*Alcohol and Alcoholism 29(1):5-10, 1994*

Almost all evidence of a link between alcohol consumption and violence is available only in the form of aggregate data. This is unsatisfactory and case-control investigations and studies that relate injury severity to blood alcohol

levels are needed. In the few closely controlled studies that have been performed, increased risk of injury in assault has been linked with binge consumption of more than about 8 units, and above average weekly consumption only in those over 25 years. Raising the minimum purchasing age for alcohol to 21 years, learning to drink responsibly with parents, especially fathers, and the adoption of tempered glassware are all achievable objectives that would reduce alcohol-related injury. The use of sobriety-checkpoints (breath testing though not by the police) and other situational prevention programs need to be evaluated in relation to reducing injury sustained in violent crime. Proactive, community policing has been shown to reduce levels of alcohol-related crime, in contrast to more reactive, defensive, and confrontational policing.

## **Youth and Gang Violence**

### **Substance Abuse and Gang Violence**

*Cervantes, R.C., ed.*

Newbury Park, CA: SAGE Publications, 1992.  
178 p.

Gangs, violence, drug and alcohol abuse -- these subjects have become increasingly prominent in the eyes of the public. Some of the important issues revolving around gangs and substance abuse, particularly in the relationships they have with gang violence, are addressed. Research, policy, and legal issues, prevention strategies, and victims of violence are discussed. Prevention strategies now are recognized widely as a required complement to police efforts to address substance abuse and gang violence. As with many other public health problems, this one originates and grows in conditions of urban poverty, neighborhood decay, stressed families, and, in short, the myriad characteristics found in the city's ethnic minority underclass population. As with other

public health problems, also, drug-related gang activities eventually will spread beyond the boundaries of those communities to infect the public at large. This fact necessitates levels of preventive strategies designed to address the various facets of the problem. This book is an anthology of selected papers presented at the National Conference on Substance Abuse and Gang Violence, sponsored by the Federal Office for Substance Abuse Prevention in 1990. The conference was structured around the premise that a multidisciplinary approach is necessary to address the complex social and economic issues of drugs and gang violence. The contributing authors bring a diversity of experience and expertise to their discussion of topics, which include research on substance abuse and criminal activity by multiethnic gangs; legal and policy issues regarding public health, substance abuse, and gang violence; prevention and intervention strategies to curtail gang violence; and the impact of gang violence on survivors.

### **Violence and Illegal Drug Use among Adolescents: Evidence From the U.S. National Adolescent Student Health Survey**

*Kingery, P. M.; Pruitt, B. E.; Hurley, R. S.*

*The International Journal of the Addictions*  
27(12):1445-1464, 1992

The relationships between violence, drug use, and victimization were examined in a representative sample of American adolescents. The commonly used illegal drugs (marijuana, amyl/butyl nitrites, psychedelics, amphetamines, and cocaine) and alcohol were considered. Drug users, compared to nonusers, fought more, took more risks that predisposed them to assault, and were assaulted more both at school and outside school supervision. Adolescents who were victims at school were also more likely to be victimized outside of school supervision. This study clearly

demonstrates that the aggressor may also be the victim, and that illegal drug/alcohol use is related to victimization.

### **Gangbangs and Drive-Bys: Grounded Culture and Juvenile Gang Violence**

*Sanders, W.B.*

New York: Aldine De Gruyter, 1994

This volume analyzes typical patterns of gang violence and its various configurations, using data gathered from an examination of hundreds of such incidences over a 12-year period. In addition to describing the different styles and routines of gang members, their view of life, and the changes undergone by gangs over the years, the author also traces the parallel development of a metropolitan police gang unit, giving an inside view of how the police attempt to deal with and understand gangs.

### **Juvenile Offenders and Victims: A Focus on Violence. Statistics Summary**

*Snyder, H.N., Sickmund, M.*

Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, Office of Justice Programs, National Center for Juvenile Justice May 1995  
(Available from National Criminal Justice Reference Service, P.O. Box 6000, Rockville, MD 20850; 800-638-8736; NCJ#153570.)

This report presents important and at times complex information using clear, nontechnical writing and easy-to-understand graphics and tables. The report is a series of briefing papers on specific topics--short sections are designed to be read in isolation from other parts of the report. The full report covers a range of topics, including juvenile population characteristics; juvenile victims; juvenile offenders; juvenile justice system structure and process; law enforcement and juvenile crime; juvenile

courts and juvenile crime; and juveniles in correctional facilities.

### **Risks Among Inner-City Young Teens: Prevalence of Sexual Activity, Violence, Drugs, and Smoking**

*Vanderschmidt, H.F.; Lang, J.M.; Knight-Williams, V.; Vanderschmidt, G.F.*

*Journal of Adolescent Health* 14(4):282-288, 1993

Boston University's Youth at Risk (URISK) program is working to reduce five high-risk behaviors: violence, sexual activity, drinking, illicit drug use, and smoking among inner-city public middle-school students, grades 6-8. To set program priorities and for subsequent program evaluation, students in four schools completed a self-report questionnaire. Violence (physical fighting or carrying a knife or a gun) and sexual activity were the most commonly reported risks, 54 percent and 38 percent, respectively, for such activity within the past year. Four-fifths of the students reported risk in at least one of the five risk categories at some time; two-thirds reported current risk in at least one category. Among those reporting two or more current risks, over 90 percent included violence, and over 80 percent included sexual activity. Except for smoking, risk rates were lower in females than in males. Risk rates for violence and drug use were similar among Blacks and Whites, while sexual activity was more common and drinking and smoking less common among Blacks compared with Whites. Rates for all high-risk behaviors were consistently lower for Hispanics than non-Hispanic Whites. Risk rates for violence were similar for grades 6-8. Sexual activity increased mainly from the 7th to the 8th grade. Drinking increased both from the 6th to the 7th grade and again from the 7th to the 8th grade. Drug use and smoking increased only from the 6th to the 7th grade.

## **Clinical Issues in the Treatment of Chicano Male Gang Youth**

*Belitz, J.; Valdez, D.*

*Hispanic Journal of Behavioral Sciences*  
16(1):57-75, 1994

The problem of gang violence poses a significant threat to the mental health of Chicano children. Although there has been considerable media attention given to the increase in gang violence, the mental health literature is sparse with clinical information on the assessment and treatment of Chicano gang-involved youth. The sparsity of information has been related to public apathy toward these youth and negative and stereotypical views of these youth as antisocial. This article examines family systems dynamics and adolescent developmental variables that contribute to gang participation. Specific treatment modalities are discussed and the importance of a multimodal approach is emphasized. Two cases are presented: one that addresses family systems and cultural identity factors of gang participation; the other case highlights the importance of a multimodal treatment approach as well as extended family involvement in treatment. Finally, recommendations are made for mental health professionals to advocate the needs of Chicano gang-involved youth in both mental health and correctional settings.

## **The Gang Intervention Handbook**

*Goldstein, A.P., and Huff, C.R., eds.*

Champaign, IL: Research Press, 1993

This handbook is actually the first edited anthology to bring together a host of relevant disciplinary perspectives and intervention techniques for structuring a comprehensive gang intervention strategy. The volume begins with a concise review of the current gang situation in America and past intervention efforts. Part II focuses on the psychological dimension of gang membership and be-

havior, while Part III concerns contextual dimensions -- family, school, employment, recreational, and community change. Part IV provides the criminal justice perspective, with an overview of the National Youth Gang Survey conducted by Irving Spergel and David Curry, and discussion of the implications of gangs for law enforcement, prosecution, and corrections. Part V highlights the need for cultural sensitivity in the design and delivery of gang interventions. The authors caution their readers not to seek a single intervention approach for sustained, positive impact on all gang youth. Instead, they recommend a range of interventions to meet the diverse needs of individual gang members. The authors propose an innovative national public strategy that would address the underlying socioeconomic conditions that spawn gangs. They conclude by emphasizing the need for promising programs to be implemented and evaluated to advance the efficacy of gang interventions.

## **Conventional and Delinquent Activities: Implications for the Prevention of Violent Victimization Among Adolescents.**

*Lauritsen, J.L.; Laub, J.H.; Sampson, R.J.*

*Violence and Victims* 7:91, 1991

This study examined the relationship between conventional and delinquent activities and violent victimization of adolescents, in the hope of providing an empirical base for victimization prevention strategies. Data were evaluated from two national sources, the National Youth Survey (NYS) and the Monitoring the Future Study: A Continuing Study of the Lifestyles and Values of Youth (MTF). From their findings, the authors conclude that involvement in delinquent activities increases the risk of victimization and violence, that conventional lifestyles are negatively related to the risk of assault and robbery, and that con-

ventional activities are related to victimization only in that they reduce the likelihood of individuals engaging in delinquent activities. In order to reduce the risk of involvement in violence, delinquency must be targeted as a prime consideration in victimization prevention programs. Since delinquency prevention is seen as the key to victimization prevention, delinquency and victimization programs should be combined with nonviolent conflict resolution training programs. These findings have good generalizability and are validated by the longitudinal nature of the two databases employed.

### **The Prosocial Gang: Implementing Aggression Replacement Training**

*Goldstein, A.P., Glick, B.*

Thousand Oaks, CA: Sage Publications, Inc.,  
1994

This book describes an innovative and effective gang intervention program, Aggression Replacement Training (ART). This program has been selected for the National Model Program Award by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention. A reduction in arrest rates, as well as other evaluation findings, support the success of a multi-year project using the ART intervention approach with a series of very aggressive juvenile gangs in New York City. Working with gangs as a unit, the ART project not only taught gang members anger control and other skills but also attempted, as much as possible, to turn their real-world reference group (the gang) into a prosocial rather than an antisocial group.

## **Domestic and Family Violence**

### **Substance Abuse as a Precipitant of Wife Abuse Victimizations**

*Kantor, G. K.; Straus, M. A.*

*American Journal of Drug and Alcohol  
Abuse 15(2):173-189, 1989*

This study examines the question of whether drug and alcohol use by victims constitutes a risk factor increasing the chances of their being assaulted by their partners. Data from a subsample of the 1985 National Family Violence Survey consisting of the 2033 female respondents who were currently married or living in a male-female couple relationship were used as the basis of the analysis. The logistic analysis revealed that, of the variables in the model, the most important for distinguishing abused from nonabused women are husband's drug use, a history of paternal violence in women's family of origin, husband's drunkenness, low income, and wife's drunkenness. Women who abuse alcohol are more likely to be victims of minor marital violence, but female substance abuse of any type is not a significant factor in severe violence.

### **Alcohol and Drug Use Among Abused Women Who Kill, Abused Women Who Don't, and Their Abusers**

*Blount, W. R.; Silverman, I. J.; Sellers,  
C. S.; Seese, R. A.*

*Journal of Drug Issues 24(2):165-177, 1994*

Interviews were conducted with 42 women with extensive abuse histories who had killed their intimates and 59 women with similar abuse histories who were in shelters for battered women. Controlling for demographic and other differences, analyses indicated that alcohol and other drug use ably distinguished



between the two groups of women (correctly classifying 89 percent of the cases), and that alcohol use was more salient than other drug use. The partner's alcohol use and the respondent's alcohol use were significantly associated between intimate homicide and alcohol use. Alcohol counseling should, therefore, be a significant part of programs for both battered women and for men who batter.

### **Childhood Victimization and Risk for Alcohol and Drug Arrests**

*Ireland, T.; Spatz Widom, C.*

*The International Journal of the Addictions*  
29(2):235-274, 1994

Using data from a prospective cohort design study, this paper examines the relationship between early childhood victimization and subsequent arrest for alcohol and other drug related offenses. Complete official criminal histories are compared for cases of childhood physical and sexual abuse and neglect ( $n = 908$ ) and a control sample ( $n = 667$ ). After controlling for relevant demographic characteristics, logistic regression analyses indicate that childhood maltreatment is a significant predictor of adult, but not juvenile, arrests for alcohol or other drug related offenses. Differential responses to maltreatment by race and gender are discussed as well as limitations of the findings and future directions for research.

### **Physical Violence During the 12 Months Preceding Childbirth**

Centers for Disease Control  
*Journal of the American Medical Association* 271: 1152-1154, 1994

(Long title: "Physical Violence During the 12 Months Preceding Childbirth--Alaska, Maine, Oklahoma, and West Virginia")

Many pregnant women suffer physical abuse from their husbands or partners. A study based on surveys completed in 1990-91 by new mothers living in

Alaska, Maine, Oklahoma, and West Virginia found that approximately 3.4 percent of women in these areas are physically abused by their partners in the 12 months preceding childbirth. The figures vary from 3.8 percent in Maine to 6.9 percent in Oklahoma. Women with fewer than 12 years of education, nonwhites, unmarried women, and those whose pregnancies were unplanned were the most likely to experience abuse.

### **Guide to Funding Resources for Child Abuse and Neglect and Family Violence Programs**

U.S. Department of Health and Human Services, June 1992. 100 p.

(Available from the National Clearinghouse on Child Abuse and Neglect Information, P.O. Box 1182, Washington, DC 20013-1182; 800-FYI-3366 or 703-385-7565.)

Sources of Federal funding and addition sources of information are presented. The first component provides information on Federal agencies involved in child abuse and neglect and family violence activities. Each agency is briefly described to provide the reader with an overview of relevant agency activities and interest, including examples of discretionary grants and contracts funded by the agency in the past. Since Federal agency funding priorities are subject to change on a yearly basis, the reader is shown how to contact the agency directly. Many agencies maintain mailing lists to alert interested organizations and individuals about current funding opportunities. The guide's second component provides information on a variety of resources for finding funds, including publications, information clearinghouses, resource centers, national organizations, computerized data bases, Federal regional offices, and State agencies. A brief description of each resource is provided to assist the reader in making appropriate selections. The major sources of funding within the Federal government for ac-



tivities that address child abuse and neglect, domestic violence, elder abuse and neglect, and other forms of family violence are described. Activities include research, data collection, demonstration projects, technical assistance and training, direct services, conferences, publications, program planning, promotion of cultural responsiveness in service delivery, and support of resource/research centers, and information clearinghouses. Activities are typically funded through the award of discretionary grants and contracts to State and local agencies, public and private organizations, and universities and colleges. In addition to discretionary grants and contracts, many Federal agencies fund programs through formula grants and basic grants to States and U.S. Territories.

### **Health and Justice Professionals Set Goals to Lessen Domestic Violence**

*Marwick, C.*

*Journal of the American Medical Association 271: 1147-1149, 1994*

**H**ealth, law, and social service professionals met at the National Conference on Family Violence (Health and Justice) in March 1994 to discuss ways to reduce domestic violence in America. Speakers called for physicians to move beyond simply reporting cases of child and spousal abuse to becoming more involved in actively preventing it. Specific methods of involvement, including helping patients obtain treatment for alcohol and drug addiction and making more home visits, were suggested. Conferencees argued that physicians need to learn to view violence as a disease in order to diagnose its causes and develop remedies more effectively. The conference concluded with the recommendation that communities across the country develop family violence coordination councils to address the issue at a local level.

### **Developing Community Systems for the Primary Prevention of Family Violence**

*Andrews, A.*

*Family & Community Health 16(4): 1-9, 1994*

**T**he author presents a plan for community-level interventions to prevent family violence. The various manifestations of domestic violence occur with alarming frequency, affecting family members of all ages. Preventing these violent incidents requires a fundamental restructuring of society to strengthen the caregiving capacity of individuals, families, and communities. The article discusses the goals and principles of community prevention programs and offers a brief overview of specific methods of preventive intervention, including education in social skills and the use of legal sanctions, tangible family resources, social support networks, and positive social and physical environments.

### **Rape**

#### **Dating Violence among High School Students**

*Bergman, L.*

*Social Work 37(1): 21-27, 1992*

**Q**uestionnaire data from 631 students attending suburban, rural, and inner-city high schools in the midwestern U.S. are drawn on to investigate their experience with sexual, physical, and verbal dating violence, exploring the characteristics and correlates of such violence. The proportion of females who report sexual violence is 15.5 percent, the same percent for physical violence; however it rose to 24.6 percent reporting sexual or physical violence or both. For male respondents, 4.4% reported sexual violence, 7.8 percent physical violence, and 9.9 percent both. Significant correlates of violence included dating patterns, grade point averages, and the communities in which the students lived. Re-

spondents said violence tended to recur but they did not disclose this to parents or officials. Implications with regard to the causes, treatment, and prevention of dating violence are discussed.

## **Explaining Rape Victim Blame: A Test of Attribution Theory**

Gray, N.B., Palileo, G.J., Johnson, G.D.

*Sociological Spectrum* 13(4): 377-392, 1993

Questionnaire data are used to examine rape victim-blaming attitudes among a probability sample of students at a southern university (511 males and 666 females). Hypotheses derived from two competing versions of attribution theory, "defensive attribution" and "need for control," are tested to examine the effects of gender, past female sexual victimization, past male sexual aggression, nonsexual crime victimization, and risk-taking on rape myth acceptance. The results show that: (1) females are substantially less likely to blame rape victims; (2) among females, risk taking and rape victim blame are negatively associated; (3) among males, past sexual aggression and risk taking are positively related to victim blaming; and (4) male experience with nonsexual victimization is negatively related to victim blaming. Each version of attribution theory is partially confirmed by the findings. Nationality, race/ethnicity, class standing, and rape prevention knowledge also influence victim-blaming attitudes.

## **Victims of Violence**

### **Homicide: Drinking by the Victim**

Welte, J. W.; Abel, E. L.

*Journal of Studies on Alcohol* 50(3):197-201, 1989

A comparison was made between homicides in which the victim had either been drinking or had not been drinking. Medical examiner records for 792 ho-

micides in Erie County, NY, from 1972 through 1984 were used. A logistic regression found that in a significantly higher proportion of certain types of homicides there was alcohol in the victim's blood: male victims; victims aged 30-49; homicides that occur in the warmer months and in the evening or at night; homicides not related to another crime; stabbings; and homicides that take place in bars and restaurants. Some circumstances associated with a very high likelihood of alcohol in the victim's blood were: men killed at night; men killed by women; Black male victims; and all killings on Saturday or Sunday nights. These results suggest that a high likelihood of alcohol in victims is associated with circumstances that make drinking more likely (e.g., male victims, homicide at night), but also alcohol is more likely present in homicides that arise spontaneously from personal disputes. It was also found that there is a higher likelihood of alcohol in the victim for homicides that occur during time periods when there are more homicides. It is suggested that in some cases the alcohol may be a causal factor in the homicide.

## **Hispanic Victims**

Bastian, L. S.

Bureau of Justice Statistics: Special Report, January 1990

This report provides detailed information on how crime affects Hispanics residing in the United States. Data are based on the National Crime Survey—the Nation's second largest ongoing household survey, sponsored by the Bureau of Justice Statistics. One of the major findings in this analysis is that compared to other groups, Hispanics are victimized mostly by robbery. Findings on this and other crimes suffered by Hispanics are presented in this report, which includes trends in crime rates, demographic characteristics of the surveyed Hispanic population, location of violent crimes and who committed them, and crime outcomes.

## **Juvenile Victimization and Delinquency**

*Esbensen, F.A.; Huizinga, D.*

*Youth & Society* 23(2):202-228, 1991

A probability sample of youths ages 11 to 15 years residing in high risk neighborhoods is examined. Interview data provide self-reported measures of victimization and delinquency to allow investigation of the possible relationship between these two characteristics of the crime situation. Additionally, census data permit an examination of the potential effect of neighborhood descriptors on victimization rates.

## **Substance Use, Risky Behaviors, and Victimization Among a U.S. National Adolescent Sample**

*Windle, M.*

*Addiction* 89(2):175-182, 1994

Data from the National Adolescent Student Health Survey were used to study the interrelations among substance use, risky (dangerous) behaviors, and victimization among 8th and 10th graders. Pearson correlations indicated significant associations between substance use and both higher-levels of risky behaviors (e.g., hitchhiking, going on a blind date) and victimization among adolescents. Regression analyses indicated the potency of risky behaviors as a predictor of victimization for male adolescents, and a significant risky behavior by illicit drug use interaction for female adolescents. Results are discussed with regard to potential short- and long-term health consequences of risky behaviors and violent victimization for psychological developments in adolescence and adulthood.

## **Gun Violence**

### **Drugs and Guns Among Inner-City High School Students**

*Sheley, J.F.*

*Journal of Drug Education* 24(4):303-321, 1994

Despite public and governmental concern about the issue, little has occurred in the way of a systematic assessment of the gun-possession profiles of young persons involved in the use and distribution of drugs. This article reports the results of an analysis of survey data collected from male, inner-city high school students. The data pertain to firearms possession and carrying, use of heroin, cocaine, and crack, the sale of drugs, and commission of crimes with weapons. The findings offer no evidence of a progressive, linear relationship between level of drug use and gun possession (including number of guns owned and the routine carrying of guns). However, disregarding level of drug use, when non-users were compared with users, and "heavy" users were compared with those who did not use drugs "heavily," significant differences in involvement in gun possession did appear. When the authors separated students who did not sell drugs from those who did, the latter generally exhibited higher involvement in gun possession. Finally, drug sellers who also committed crimes with weapons exceeded drug sellers who did not in involvement in some but not all, types of gun possession.

### **Drug Activity and Firearms Possession and Use by Juveniles**

*Sheley, J.F.*

*The Journal of Drug Issues* 24(3):363-382, 1994

Despite considerable public attention to the issue, little has occurred in the way of a systematic assessment of the gun-possession and gun-use profiles of young persons involved in the use and distribution of drugs. This article reports the results of an analysis of survey data collected from juveniles incarcerated in maximum security reformatories. The data pertain to firearms possession, carrying and use, use of heroin,

cocaine, and crack, the sale of drugs, and involvement in armed robbery. The findings offer no evidence of a progressive, linear relationship between level of drug use and gun possession (including number of guns owned and the routine carrying of guns) and use. However, disregarding level of drug use, when nonusers were compared with users who did not sell drugs, significant differences in involvement in gun possession and use did appear. Also, when the authors separated users who did not sell drugs from users who did, the latter generally displayed higher involvement in gun possession and use. Drug selling clearly increased gun-related behavior. Finally, drug users who also committed robberies exceeded drug users who did not in involvement in gun possession and use. Drug sellers who robbed similarly were higher in the same activities than sellers who did not.

### **Gun Ownership as a Risk Factor for Homicide in the Home**

*Kellerman, A. L.; Rivara, F. P.; Rushforth, N. B.; Banton, J. G.; Reay, D. T.; Francisco, J. T.; Locci, A. B.; Prodzinski, J.; Hackman, B. B.; Somes, G.*

*New England Journal of Medicine*  
329(15):1084-1091, 1993

It is unknown whether keeping a firearm in the home confers protection against crime or, instead, increases the risk of violent crime in the home. To study risk factors for homicide in the home, the authors identified homicides occurring in the homes of victims in three metropolitan counties. After each homicide, they obtained data from the police or medical examiner and interviewed a proxy for the victim. The proxies' answers were compared with those of control subjects who were matched to the victims according to neighborhood, sex, race, and age range. Crude and adjusted odds ratios were calculated with matched-pairs methods. During the study period, 1,860 homicides occurred in the three counties, 444 of them (23.9

percent) in the home of the victim. After excluding 24 cases for various reasons, the authors interviewed proxy respondents for 93 percent of the victims. Controls were identified for 99 percent of these, yielding 388 matched pairs. As compared with the controls, the victims more often lived alone or rented their residence. Also, case households more commonly contained an illicit-drug user, a person with prior arrests, or someone who had been hit or hurt in a fight in the home. After controlling for these characteristics, the authors found that keeping a gun in the home was strongly and independently associated with an increased risk of homicide (adjusted odds ratio, 2.7; 95 percent confidence interval, 1.6 to 4.4). Virtually all of this risk involved homicide by a family member or intimate acquaintance. The use of illicit drugs and a history of physical fights in the home are important risk factors for homicide in the home. Rather than confer protection, guns kept in the home are associated with an increase in the risk of homicide by a family member of intimate acquaintance.

### **National Estimates of Nonfatal Firearm-Related Injuries**

*Annest, J.L., Mercy, J.A., Gibson, D.R., Ryan, G.W.*

*Journal of the American Medical Association*  
273(22): 1749-1754, June 14, 1995

This paper describes the magnitude and characteristics of nonfatal firearm-related injuries treated in hospital emergency departments in the United States and compares nonfatal injury rates with firearm-related fatality rates. Nonfatal firearm-related injuries contributed substantially to the overall public health burden of firearm-related injuries in the US. A national surveillance system is needed to provide uniform data on firearm-related injury morbidity and mortality for use in research and prevention efforts.

## **Hospitalization Charges, Costs, and Income for Firearm-Related Injuries at a University Trauma Center**

*Kizer, K.W., Vassar, M.J., Harry, R.L., Layton, K.D.*

*Journal of the American Medical Association 273(22): 1768-1773, 1995*

**T**his study quantifies the actual cost of inpatient medical care for firearm-related injuries at a university trauma center. Treatment of firearm-related injuries produces net income for this university trauma center by virtue of the cost shifting built into its pricing structure. If data from this institution are extrapolated to the Nation, then the actual cost of providing medical care for firearm-related injuries in the United States in 1995 is projected to be \$4 billion. The majority of this cost will be paid indirectly by private health insurance.

## **Reducing Youth Gun Violence: A Summary of Programs and Initiatives**

Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, Office of Justice Programs, April 1995  
(Available from National Criminal Justice Reference Service, P.O. Box 6000, Rockville, MD 20850; 800-638-8736; NCJ#154303.)

**T**o guide U.S. Attorneys in their violence prevention efforts and to assist States and jurisdictions in responding to this epidemic, the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, U.S. Department of Justice, has developed this document. It provides a synthesis of the most current available programs that seek to reduce youth gun violence. The programs represent an array of strategies from school-based prevention programs to gun market interception. To ground these programs and provide a context for their successful implementation, relevant research, evaluation, and legislation are also provided.

## **Suicide**

### **Blood Alcohol Levels in Suicide Cases**

*Hayward, L.; Zubrick, S.R.; Silburn, S.*

*Journal of Epidemiology and Community Health 46(3):256-260, 1992*

**T**his study investigated the relationship between alcohol consumption prior to suicide and the act of suicide. This was a retrospective total ascertainment survey of a 3-year cohort of suicides in Western Australia. Data were extracted from coroner's records of suicide in Western Australia between 1986 and 1988 inclusive. The study involved 515 consecutive suicides: 414 males and 101 females. Information on blood alcohol levels at time of death, drug and alcohol abuse history, psychiatric history, life events prior to death, and method of suicide were collected. It was found that 35.8 percent of cases had a positive blood alcohol reading. Those who had been drinking alcohol prior to suicide were younger, more likely to be male, more likely to have chosen carbon monoxide as the method of suicide, more likely to have experienced a break up of a relationship, and less likely to have sought professional help than those who had not been drinking. Data from the present study do not provide evidence for a causal relationship between alcohol consumption and suicide. Differences between those who had consumed alcohol and those who had not are suggestive of a contributory role of alcohol to a decision to commit suicide in a subset of suicide cases.

### **Suicidal Behavior and History of Substance Abuse**

*Adams, D. M.; Overholser, J. C.*

*American Journal of Drug and Alcohol Abuse 18(3):343-354, 1992*

**S**ubstance abuse is frequently associated with suicidal behavior. However, it is unclear to what degree substance abuse in a family member is related to



suicide. In the present study, personal and family histories of substance abuse were examined in 716 psychiatric emergency room patients. Suicide attempters, suicide ideators, and nonsuicidal controls were compared across demographic, clinical, and substance abuse variables. Results showed that suicidal patients differed from nonsuicidal controls on many of the dependent variables. Suicidal patients were more likely to be depressed and report a history of previous suicidal tendencies. Also, alcohol and drug abuse occurred more frequently in suicidal than nonsuicidal patients. These patterns of substance abuse in suicidal patients were especially prominent among older subjects. Results are discussed in terms of the implications for identifying psychiatric emergency room patients at risk for suicide.

### **Depression, Meaninglessness, and Substance Abuse in "Normal" and Hospitalized Adolescents**

*Kinnier, R. T.; Metha, A. T.; Keim, J. S.; Okey, J. L.; Adler-Tabia, R. L.; Berry, M. A.; Mulvenon, S. W.*

*Journal of Alcohol and Drug Education*  
39(2):101-111, 1994

**I**n a partial replication of the Harlow, Newcomb, & Bentler (1986) study, the relationships between depression, meaninglessness, suicide ideation, and substance abuse are examined in two samples of adolescents (48 high school students and 113 patients in two psychiatric hospitals). Correlational analyses indicated that the high school students who viewed themselves negatively, were depressed, or who had found little meaning in their lives were more likely to consider suicide and to abuse drugs. Regression and structural modeling analyses uncovered a strong mediational relationship between purpose in life with the precursor of depression and the consequent of substance abuse.

### **Aggression, Substance Use, and Suicidal Behaviors in High School Students**

*Garrison, C. Z.; McKeown, R. E.; Valois, R. F.; Vincent, M. L.*

*American Journal of Public Health* 83(2):179-184, 1993

**T**his study analyzed the frequency and correlates of suicidal behaviors in a community sample of adolescents. Information concerning suicidal thoughts and acts, aggressive behaviors, substance use, and physical recklessness were collected with the 70-item, self-report Youth Risk Behavior Survey from a statewide sample of 3,764 South Carolina public high school students. Seventy-five percent of students reported serious suicidal thoughts, 6.4 percent reported specific suicidal plans, 5.9 percent reported attempts not requiring medical care, and 1.6 percent reported attempts requiring medical care. All types of suicidal behaviors occurred more frequently in females than males. Odds ratios for aggressive behaviors and cigarette use were elevated across all categories of suicide behaviors, increasing in magnitude with severity of reported suicidal behavior. Substance use was associated with some but not all categories of suicidal behaviors. The relationships were most pronounced with the use of potentially more dangerous drugs. The results suggest that suicidal behaviors are not infrequent occurrences among adolescents and that they often coexist with other high-risk behaviors. Interventions designed to reduce suicidal behaviors should simultaneously address coexisting high-risk behaviors.

### **Emergency Department in Surveillance of Attempted Suicide: Findings and Methodologic Considerations**

*Birkhead, G. S.; Galvin, V. G.; Meehan, P. J.; O'Carroll, P. W.; Mercy, J. A.*



The authors conducted one of the first active, population-based public health surveillance systems for detecting suicide attempts in the United States. Surveillance was conducted in all four hospital emergency departments serving a county suburban to Atlanta, GA, with a population of 426,000. Emergency department staff gathered information from all patients who presented with an intentionally self-inflicted injury (suicide attempt) or with thoughts about self-injury (suicidal ideation). During an 18-month period in 1988 and 1989, 798 suicide attempt-related patients were reported, for a rate of 124.7 per 100,000 county residents per year. Females had a higher attempted suicide rate than males, but males had a higher completed suicide rate. Ingestion of drugs or poison was the most common method of attempted suicide (71.1 percent), and use of firearms was the most common method of completed suicide (69.8 percent). In comparing reported cases with those found by reviewing emergency department log books, the authors found that the case reports were 58 percent complete and that surveillance reporting was highly representative of all cases requiring emergency transport. The authors conclude that emergency department-based surveillance for attempted suicide is feasible. It can provide representative data that may be used to monitor trends in attempted suicide and to define high-risk groups. Such surveillance may also allow timely detection of suicide attempt clusters, facilitating prompt intervention.

## **Hate Crimes**

### **The Impact of Hate Violence on Victims: Emotional and Behavioral Responses to Attacks**

*Barnes, A., Ephross, P.H.*

*Social Work* 39(3): 247-251, 1994

This study examined the nature of hate violence and its impact on 59 victims (ages 16-67 years) who experienced hate crimes. Data were obtained through focus group meetings, individual interviews, and questionnaires. More than half of the subjects reported experiencing a series of attacks rather than a single attack. Anger, fear, and sadness were the emotional responses they most frequently reported. About one-third of the subjects reported behavioral responses such as moving from the neighborhood or purchasing a gun. The emotional and behavioral responses of victims of hate violence were similar to those of victims of other types of personal crime. Practitioners and group work services can help victims to manage the stress of hate violence.

### **Motivated by Hatred or Prejudice: The Making of Police Hate Crime Data**

*Boyd, E. A., Hamner, K., Berk, R.*

Conference Paper -- Society for the Study of Social Problems, 1994

Though hate crimes--motivated by the racial, ethnic, religious, or sexual identity of the victim--have increasingly become the focus of public and media concern, there remains little agreement over what actually constitutes a hate crime. Examined here are the conceptualizations, official procedures, and interpretive practices in one police department charged with collecting official hate crime data, based on 7 months of observation and interviews in 8 of 18 divisions in a large metropolitan police department. It is suggested that police hate crime data must be understood as the result of a complex interaction of departmental structures, individual expectations, and concerns among officers to meet the demands of functioning within the police bureaucracy and the greater context of the city. The conceptualization of hate crimes as a practical and social problem is described, and the specific interpretations and decisions

made by detectives assigned the job of categorizing crimes as hate-motivated are analyzed. Implications of these practices for the understanding of official hate crime data and the nature of hate crimes as a social problem are discussed.

## **Racism's Impact on Mental Health**

*Carter, J.H.*

*Journal of the National Medical Association*  
86(7): 543-547, July 1994

This study presents an historical perspective on racism and its impact on the mental health of African Americans. Recently uncovered issues of racism that negatively affect the mental health of minorities are the escalation of hate crimes, housing discrimination, and school resegregation. Epidemiological studies of mental illness identify racism as a major contributor to psychopathology. Mental health professionals have an ethical responsibility to identify and strengthen minority community support systems and help initiate strategies to empower minorities to demand equitable health care.

## **Hate Crime Statistics 1992**

Federal Bureau of Investigation, *Uniform Crime Reports*, U.S. Department of Justice,  
Criminal Justice Information Services Division,  
Washington, DC: Government Printing Office, 1994

In response to the passage of the Hate Crime Statistics Act of 1990, the Attorney General designated the FBI's Uniform Crime Reporting (UCR) Program to develop a data collection system for its 16,000 voluntary law enforcement agency participants. With the cooperation and assistance of several local and State law enforcement agencies already experienced in the investigation of hate crimes and the collection of related information, comprehensive guidelines for the collection of hate crime data

were established. This report presents hate crime statistics from the 1992 UCR.

## **Documenting Prejudice Against Lesbians and Gay Men on Campus: The Yale Sexual Orientation Survey**

*Herek, G.M.*

*Journal of Homosexuality* 25(4): 15-30, 1993

This study reports the methodology and results of a survey conducted at Yale University in 1986 documenting the frequency and forms of harassment, discrimination, and violence against gay and bisexual people on campus. Results from 215 completed surveys revealed that many lesbians, gay men and bisexual people on campus lived in a world of secretiveness and fear. Although experiences of physical assault on campus were relatively infrequent, many respondents reported other forms of discrimination and harassment. A majority reported that they feared anti-gay violence, had harassment on campus, and that such fears affected their behavior. Replications on other campuses have yielded similar results.

## **Social Movement Growth, Domain Expansion, and Framing Processes: The Gay/Lesbian Movement and Violence Against Gays and Lesbians as a Social Problem**

*Jenness, V.*

*Social Problems* 42(1): 145-179, 1995

This work offers an empirical analysis of 32 gay/lesbian sponsored anti-violence projects in the U.S. The analytic focus is on how gay and lesbian communities have brought attention to the scope and consequences of anti-gay and lesbian violence in the United States, which "has taken its place among such societal concerns as violence against women, children and ethnic and racial groups." In large part, this is because within lesbian and gay communi-

ties across the U.S. there has been an "unprecedented level of organizing against violence." This activism continues to include documenting the incidence and prevalence of anti-gay and lesbian violence, establishing crisis intervention and victim assistance programs, sponsoring public education campaigns, and undertaking surveillance efforts in the form of street patrols. Analysis of these activities brings together elements of the social problems and the social movements literature; it demonstrates that domain expansion accompanies social movement growth and provides a necessary resource for framing select social conditions as a social problem.

## ***Violence in the Media***

### **Community Violence, Children's Development, and Mass Media: In Pursuit of New Insights, New Goals, and New Strategies**

*Friedlander, B.Z.*

*Psychiatry* 56(1):66-81, Feb 1993

Community violence that victimizes children is an unmitigated evil exacerbated by vast economic and social forces. It leaves people in central cities and the rural countryside adrift on seas of rolelessness, hopelessness, group disintegration, and alienation. The contemporary drug scene and the easy availability of guns greatly intensifies violence on a local scale, while crimes of violence, especially with guns, appear to be level or declining in the Nation as a whole. Claims that the persistently high levels of violence in mass media, mostly television, are largely responsible for violence in society represent narrow views of very large issues. These narrow views overlook essential elements of both phenomena—violence and media. Direct models of interpersonal violence in families and in the community probably give rise to more violent behavior than indirect models in media.

Disinhibitory and provocative aspects of media probably do as much or more to trigger violent behavior than violent narratives and violent actions. Comprehensive meta-analysis indicates that prosocial messages on television can have greater effects on behavior than antisocial messages. These data support the contention that mass media can play a strong and positive role in alleviating some of the distress of victims of community violence, and in redirecting the behavior of some of its perpetrators so as to protect the children.

## **The Video Violence Debate**

*Lande, R.G.*

*Hospital and Community Psychiatry*  
44(4):347-51, April 1993

Some researchers and theorists are convinced that graphic scenes of violence on television and in movies are inextricably linked to human aggression. Others insist that a link has not been conclusively established. This paper summarizes scientific studies that have information on these two perspectives. Although many instances of children and adults imitating video violence have been documented, no court has imposed liability for harm allegedly resulting from a video program. This indicates that considerable doubt still exists about the role of video violence in stimulating human aggression. The author suggests that a small group of vulnerable viewers are probably more impressionable and therefore more likely to suffer deleterious effects from violent programming. The author proposes that research on video violence be narrowed to identifying and describing the vulnerable viewer.

## **Television and Violence: The Scale of the Problem and Where To Go**

*Centerwall, B.S.*

*Journal of the American Medical Association*  
267(22): 3059-3063, 1992

This review article describes the effects of television within the framework of normal child development, and natural exposure to television as a cause of aggression and violence. The author makes recommendations for lessening the negative impact of television violence. Pediatricians can help by advising parents to limit their children's television viewing and to model appropriate behavior by removing televisions from their waiting rooms. Parents should monitor and restrict their children's exposure to violent programming, either in person or through the use of specially designed television sets. Finally, a violence rating system for all programming should be initiated to help parents decide which shows are appropriate for their children to watch.

# Groups, Organizations, & Programs

**Agency for Health Care Policy  
Research Clearinghouse**  
2101 East Jefferson, Suite 401  
Rockville, MD 20852

**Al-Anon/Alateen Family Group  
Headquarters, Inc.**  
P.O. Box 862  
Midtown Station  
New York, NY 10018-0862  
212-302-7240  
800-344-2666 (USA)  
800-443-4525 (Canada)

**Alcoholics Anonymous World Services  
Inc.**  
475 Riverside Dr.  
New York, NY 10115  
212-870-3400

**Bureau of Justice Statistics Clearing-  
house**  
P.O.Box 6000  
Rockville, MD 20850  
800-732-3277

**Center for Family Resources Clearing-  
house**  
22 Jericho Turnpike, Suite 110  
Mineola, NY 11501  
516-873-0900

**Center to Prevent Handgun Violence**  
1225 Eye St., NW  
Suite 1100  
Washington, DC 20005  
202-289-7319

**Center for the Study and Prevention of  
Violence**  
University of Colorado at Boulder  
Campus Box 442  
Boulder, CO 80309-0442  
303-492-1032  
303-443-3297 fax

**Children's Safety Network**  
NCEMCH  
2000 15th Street North, Suite 701  
Arlington, VA 22201-2617  
703-524-7802

**Clearinghouse on Abuse and Neglect  
of the Elderly**  
University of Delaware  
College of Human Resources  
Newark, DE 19716  
302-831-8546

**Clearinghouse on Child Abuse and  
Neglect Information**  
P.O. Box 1182  
Washington, DC 20013-1182  
800-FYI-3366

**Drug Abuse Warning Network  
(DAWN)**  
8905 Fairview Road, Suite 200  
Silver Spring, MD 20910  
800-394-3296

**Drug Information & Strategy  
Clearinghouse**  
U.S. Department of Housing and  
Urban Development  
P.O. Box 6424  
Rockville, MD 20850  
800-245-2691

**Drugs and Crime Data Center and  
Clearinghouse**  
1600 Research Blvd.  
Rockville, MD 20850  
800-666-3332

**ERIC Clearinghouse on Urban  
Education**  
P.O. Box 40  
Teachers College  
Columbia University  
New York, NY 10027  
800-601-4868

**ERIC Counseling and Student Services  
Clearinghouse**

School of Education  
101 Park Building  
UNC at Greensboro  
Greensboro, NC 27412  
800-414-9769

**Health Resource Center on Domestic  
Violence Information Line**  
800-313-1310

**Injury & Violence Prevention Library**  
San Francisco General Hospital  
1001 Potrero  
Building 1, Room 300  
San Francisco, CA 94110  
415-821-8209

**Juvenile Justice Clearinghouse**  
c/o National Criminal Justice Refer-  
ence Service  
P.O. Box 6000  
Rockville, MD 20849-6000  
800-638-8736

**Nar-Anon Family Groups**  
P.O. Box 2562  
Palos Verdes Peninsula, CA 90274  
213-547-5800

**Narcotics Anonymous**  
P.O. Box 9999  
Van Nuys, CA 91409  
818-780-3951

**National Association of African-  
Americans for Positive Imagery**  
Reverend Jesse Brown, Jr.  
3536 North 16th Street  
Philadelphia, PA 19140  
215-225-5232

**National Center for Health Statistics**  
Data Dissemination Branch  
Centers for Disease Control and  
Prevention  
6525 Belcrest Road, Room 1064  
Hyattsville, MD 20782  
301-436-8500

**National Crime Prevention Council**  
1700 K Street NW, 2nd Floor  
Washington, DC 20006  
202-466-6272

**National Clearinghouse for Alcohol  
and Drug Information**

P.O. Box 2345  
Rockville, MD 20847-2345  
800-729-6686  
800-487-4889 TDD

**National Clearinghouse for Criminal  
Justice Information Systems**  
7311 Greenhaven Drive, Suite 145  
Sacramento, CA 95831  
916-392-2550

**National Clearinghouse for the  
Defense of Battered Women**  
125 S. Ninth St., Suite 302  
Philadelphia, PA 19107  
215-351-0010

**National Clearinghouse on Families  
and Youth**  
P.O. Box 13505  
Silver Spring, MD 20911-3505  
301-608-8098

**National Health Information Center**  
P.O. Box 1133  
Washington, DC 20013-1133  
800-336-4797

**National Injury Information  
Clearinghouse**  
c/o U.S. Consumer Product Safety  
Commission  
Washington, DC 20207-0001  
301-504-0424

**National Institute of Justice**  
National Criminal Justice Reference  
Service  
P.O. Box 6000  
Rockville, MD 20850  
800-851-3420

**National Maternal and Child Health  
Clearinghouse**  
2070 Chain Bridge Road  
Suite 450  
Vienna, VA 22182  
703-821-8955, ext. 254



**National Resource Center on Child Abuse and Neglect**  
c/o American Humane Association  
63 Inverness Drive, East  
Englewood, CO 80112-5117  
800-227-5242

**National Resource Center on Domestic Violence**  
6400 Flank Drive  
Suite 1300  
Harrisburg, PA 17112  
800-537-2238

**National Urban League, Inc.**  
Substance Abuse Programs  
500 East 62nd Street  
New York, NY 10021  
212-310-9000

**National Victim Center**  
2111 Wilson Boulevard, Suite 300  
Arlington, VA 22201  
703-276-2880

**Office of Minority Health Resource Center**  
8455 Colesville Road Suite 910  
Silver Spring, MD 20910  
301-587-1938  
800-444-6472

**Office of National Drug Control Policy**  
Executive Office of the President  
Washington, DC 20500  
202-467-9800

**Rutgers University Center of Alcohol Studies Library**  
P.O. Box 969  
Piscataway, NJ 08855-0969  
908-932-4442

**Uniform Crime Reports**  
Federal Bureau of Investigation  
Gallery Row Building  
409 Seventh Street, NW  
Washington, DC 20535  
202-324-5015

**Youth Development Information Center**  
c/o National Agricultural Library  
U.S. Department of Agriculture  
10301 Baltimore Blvd, Room 304  
Beltsville, MD 20705-2351  
301-504-6400



# Internet Access Sites

## **Federal Resources**

**The Centers for Disease Control and Prevention (CDC)**

<http://www.cdc.gov/cdc.htm>

**Federal Bureau of Investigation (FBI)**

[http://naic.nasa.gov/fbi/fbi\\_homepage.html](http://naic.nasa.gov/fbi/fbi_homepage.html)

**National Clearinghouse for Alcohol and Drug Information (NCADI) and PREVline BBS**

<ftp://ftp.health.org>

<gopher://gopher.health.org>

<http://www.health.org>

**Partnership Against Violence Network (PAVnet)**

<http://www.nalusda.gov:8088/jg/pavnet.html>

<gopher://cyfer.esusda.gov:70/11/violence>

**US Department of Justice WWW Server**

<http://www.usdoj.gov>

<gopher://gopher.usdoj.gov>

## **Other Resources**

**Alcoholics Anonymous Resources Online**

<http://www.casti.com/aa/>

**The ACLU Free Reading Room and the ACLU on Internet FAQ**

<gopher://gopher.pipeline.com/11/society/aclu>

**Canadian Centre on Substance Abuse**

<http://www.ccsa.ca/>

**The Center for Substance Abuse Research (CESAR)**

<http://www.bsos.umd.edu/cesar/cesar.html>

**The Higher Education Center for Alcohol and Other Drug Prevention**

<http://vision.gmu.edu/>

<gopher://vision.gmu.edu/>

**Injury Control Resource Information Network**

<http://www.pitt.edu/~hweiss/injury>

**Join Together Online—National Resource Center for Communities Fighting Substance Abuse**

<http://www.jointogether.org/jointogether.html>

**Men's Issues Page**

<http://www.vix.com/men>

**SafetyNet: Domestic Violence Resources**

<http://www.cybergrrl.com/dv.html>

**United Nations Crime and Justice Information Network (UNCJIN)**

<gopher://uacsc2.albany.edu/11/newman>

**United Nations International Drug Control Programme**

<http://www.ccsa.ca>

**VERA Institute**

<http://broadway.vera.org>





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